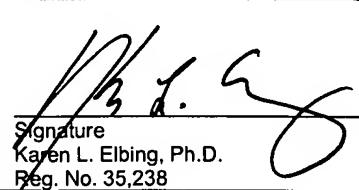


WFO/Rec'd PCT/PTO 27 APR 2006

Certificate of Mailing		
Date of Deposit: <u>April 27, 2006</u>	Label Number: <u>EV768765292US</u>	
I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
<u>Elvis De La Cruz</u>		
Printed name of person mailing correspondence		Signature of person mailing correspondence
Substitute Form PTO 1390 U.S. Department of Commerce Patent and Trademark Office		Attorney Docket Number: <i>Re Dug G</i> 50125/111001 U.S. Application Number: <b>10/577751</b>
TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. § 371		
INTERNATIONAL APPLICATION NUMBER		INTERNATIONAL FILING DATE
PCT/EP2004/012367		November 2, 2004
PRIORITY DATE CLAIMED		November 4, 2003
TITLE OF INVENTION:		METHODS FOR DISTINGUISHING PROGNOSTICALLY DEFINABLE AML
APPLICANTS FOR DO/EO/US:		Martin Dugas et al.
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
1.	<input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. § 371.	
2.	<input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. § 371.	
3.	<input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. § 371(f)).	
4.	<input checked="" type="checkbox"/> The U.S. has been elected.	
5.	<input checked="" type="checkbox"/> A copy of the International Application (35 U.S.C. § 371(c)(2)). <input checked="" type="checkbox"/> a. is transmitted herewith (required only if not transmitted by the International Bureau). <input type="checkbox"/> b. has been transmitted by the International Bureau. <input type="checkbox"/> c. Is not required, as the application was filed with the United States Receiving Office (RO/US).	
6.	<input type="checkbox"/> An English language translation of the International Application into English (35 U.S.C. § 371(c)(2)). <input type="checkbox"/> a. is transmitted herewith. <input type="checkbox"/> b. has been previously submitted under 35 U.S.C. 154(d)(4).	
7.	<input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. § 371(c)(3)). <input type="checkbox"/> a. are transmitted herewith (required only if not transmitted by the International Bureau). <input type="checkbox"/> b. have been transmitted by the International Bureau. <input type="checkbox"/> c. have not been made; however, the time limit for making such amendments has NOT expired. <input checked="" type="checkbox"/> d. have not been made and will not be made.	
8.	<input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. § 371(c)(3)).	
9.	<input type="checkbox"/> An oath or declaration of the inventors (35 U.S.C. § 371(c)(4)).	
10.	<input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. § 371(c)(5)).	
11.	<input type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. §§ 1.97 and 1.98.	
12.	<input type="checkbox"/> An assignment for recording. A separate cover sheet in compliance with 37 C.F.R. §§ 3.28 and 3.31 is included.	
13.	<input checked="" type="checkbox"/> A preliminary amendment.	
14.	<input type="checkbox"/> A substitute specification.	
15.	<input type="checkbox"/> A power of attorney and/or change of address letter.	
16.	<input type="checkbox"/> Request for Deferred Examination.	
17.	<input checked="" type="checkbox"/> Application Data Sheet.	
18.	<input checked="" type="checkbox"/> Other items or information: PCT/IB/301, PCT/IB/304, PCT/IB/308, PCT/IB/311, PCT/RO/101, and Published PCT Cover Sheet.	
19.	<input checked="" type="checkbox"/> The following fees are submitted:	
Basic National Stage Fee: \$300		\$ 300.00
National Stage Search Fee		\$ 500.00
If the written opinion prepared by ISA/US or the international preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of		

IAP17 Rec'd PCT/PTO 27 APR 2006

PCT Article 33(1)-(4): \$0  Search fee (37 C.F.R. § 1.445(a)(2)) has been paid on the international application to the USPTO as an International Search Authority: \$100  International Search Report prepared by an ISA other than the US and provided to the Office or previously communicated to the US by the IB: \$400  All other situations: \$500				10/577751																
National Stage Examination Fee  If the written opinion prepared by ISA/US or the international preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4): \$0  All other situations: \$200				\$ 200.00																
Surcharge of \$130 for furnishing any of the search fee, examination fee, or the oath or declaration after the date of commencement of the national stage (37 C.F.R. § 1.492(h)).				\$ 130.00																
<table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>27 - 20 =</td> <td>7</td> <td>x \$50</td> </tr> <tr> <td>Independent claims</td> <td>4 - 3 =</td> <td>1</td> <td>x \$200</td> </tr> <tr> <td colspan="3">Multiple dependent claims (if applicable)</td> <td>+ \$360</td> </tr> </tbody> </table>				CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	Total claims	27 - 20 =	7	x \$50	Independent claims	4 - 3 =	1	x \$200	Multiple dependent claims (if applicable)			+ \$360	\$
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE																	
Total claims	27 - 20 =	7	x \$50																	
Independent claims	4 - 3 =	1	x \$200																	
Multiple dependent claims (if applicable)			+ \$360																	
Application Size Fee: Additional fee for specification and drawings in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.																				
<table border="1"> <thead> <tr> <th>TOTAL SHEETS</th> <th>EXTRA SHEETS</th> <th>Number of each additional 50 sheets or fraction thereof (round up to a whole number)</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>0-100=</td> <td>/50=</td> <td></td> <td>X\$250</td> </tr> </tbody> </table>				TOTAL SHEETS	EXTRA SHEETS	Number of each additional 50 sheets or fraction thereof (round up to a whole number)	RATE	0-100=	/50=		X\$250	\$								
TOTAL SHEETS	EXTRA SHEETS	Number of each additional 50 sheets or fraction thereof (round up to a whole number)	RATE																	
0-100=	/50=		X\$250																	
TOTAL OF ABOVE CALCULATIONS =				\$ 1680.00																
Reduction of 1/2 for filing by small entity, if applicable. Applicant claims small entity status under 37 C.F.R. § 1.27				\$																
SUBTOTAL =				\$ 1680.00																
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 C.F.R. § 1.492(f)).				+\$																
TOTAL NATIONAL FEE =				\$ 1680.00																
Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. §§ 3.28, 3.31). \$40.00 per property.				+\$																
TOTAL FEES ENCLOSED =				\$ 1680.00																
				Amount to be refunded																
				charged																
<input checked="" type="checkbox"/> a. Enclosed is a check for \$1680.00 to cover the total fees. <input type="checkbox"/> b. Enclosed is a check for [**\$300/\$150**] to cover the basic national stage fee; no other fees are being paid at this time. <input type="checkbox"/> c. Please charge my Deposit Account No. 03-2095 in the amount of \$[**] to cover the above fees. <input checked="" type="checkbox"/> d. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 03-2095.																				
NOTE: Where an appropriate time limit under 37 C.F.R. §§ 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. § 1.137(a) or (b)) must be filed and granted to restore the application to pending status.																				
SEND ALL CORRESPONDENCE TO:																				
Karen L. Elbing, Ph.D. Clark & Elbing LLP 101 Federal Street Boston, MA 02110-2214				Telephone: 617-428-0200 Facsimile: 617-428-7045 Customer No.: 21559  Signature Karen L. Elbing, Ph.D. Reg. No. 35,238																